



Foster Parent Application

PERSONAL DATA

Primary Applicant:

Name: _____
Last First MI

Address: _____
Street Address Apt/Unit#

_____ City State Zip Code

SSN: _____ DOB: _____ Place of Birth: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address: _____

U.S. Citizen: Y _____ N _____ If no, are you authorized to work in the U.S.: Y _____ N _____

Married Single Divorced Separated Widowed Engaged Live-In Relationship

****If you are divorced or legally separated, please provide Court documentation. ****

Secondary Applicant:

Name: _____
Last First MI

SSN: _____ DOB: _____ Place of Birth: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address _____

U.S. Citizen: Y _____ N _____ If no, are you authorized to work in the U.S.: Y _____ N _____

Married Single Divorced Separated Widowed Engaged Live-In Relationship

****If you are divorced or legally separated, please provide Court documentation. ***

Type of Residence:

Own Home



Rent Home

Apartment

Live with another

Other/Specify _____

How did you learn about Bridge Builders Family and Children Services, Inc?

Previous Address (please include 5 years):

Previous Address: _____

From (Month/Year) _____

To (Month/Year): _____

Previous Address: _____

From (Month/Year) _____

To (Month/Year): _____

Previous Address: _____

From (Month/Year) _____

To (Month/Year): _____

Previous Address: _____

From (Month/Year) _____

To (Month/Year): _____

Previous Address: _____

From (Month/Year) _____

To (Month/Year): _____

Previous Address: _____

From (Month/Year) _____

To (Month/Year): _____

Do you have a vehicle? Yes _____ **No** _____

List makes of all vehicles:



- | | | |
|----------|------------------|-------|
| 1. _____ | Insurance? Y ___ | N ___ |
| 2. _____ | Insurance? Y ___ | N ___ |
| 3. _____ | Insurance? Y ___ | N ___ |

If no, do you have a reliable and timely means of transportation? Y ___ N ___
Please explain _____

CHILDREN AND OTHERS LIVING IN THE HOME:

Name	Relationship	Age	Sex	School/Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many smokers in the house? _____

GENERAL INFORMATION:

Preferences regarding child placed in your home:

Age Range _____ Gender _____ Race _____
Language(s) _____ Religion _____

Briefly explain why you wish to become a foster parent for Bridge Builders Family and Children Services, Inc:

Have allegations of child abuse or neglect ever been made against you or the secondary caregiver?
Y N

If yes, please explain (where, what allegations, circumstances, disposition of allegations).



Have you or the secondary caregiver ever been arrested for a crime against a child, domestic violence, or other violent crime? Y N If yes, please explain.



Bridge Builders Family and Children Services, Inc Foster Care Program requires all applicants to attend IMPACT training prior to the completion of the application process. If you have completed other recognized foster parent training, your training requirements will be discussed with you individually.

Previous foster parent training? Y N
IMPACT GPS/MAPP TPRT Other _____
Dates _____ Location _____

Are you willing and able to attend the IMPACT training and all the required follow-up training?
Y N

What is your availability to begin the training?

What weekly times and days are most convenient to you?

PREVIOUS FOSTER PARENT EXPERIENCE:

Have you ever been a foster parent? Y N
If yes, name of agency? _____
Address of agency? _____

From _____ To _____
Phone _____

Name of agency? _____
Address of agency? _____

From _____ To _____
Phone _____



Release of information statement:

I understand that Bridge Builders Family and Children Services, Inc will call this agency to receive a reference. Without a favorable reference from this agency, I cannot be considered as a foster parent for Bridge Builders Family and Children Services, Inc.

Signature of Primary Applicant _____ Date _____

Signature of Secondary Applicant _____ Date _____

EDUCATION AND TRAINING:

Schools attended (include high school, business, technical school, college, etc)

PRIMARY APPLICANT:

High School: _____ Address: _____
From _____ To _____ Did you graduate? Y _____ N _____
Diploma: _____

College: _____ Address: _____
From _____ To _____ Did you graduate? Y _____ N _____
Degree: _____

College: _____ Address: _____
From _____ To _____ Did you graduate? Y _____ N _____
Degree: _____

College: _____ Address: _____
From _____ To _____ Did you graduate? Y _____ N _____
Degree: _____

Special Training, Skills, Languages Spoken, etc.

SECONDARY APPLICANT:

High School: _____ Address: _____



From _____ To _____ Did you graduate? Y _____ N _____
Diploma: _____

College: _____ Address: _____
From _____ To _____ Did you graduate? Y _____ N _____
Degree: _____

College: _____ Address: _____
From _____ To _____ Did you graduate? Y _____ N _____
Degree: _____

College: _____ Address: _____
From _____ To _____ Did you graduate? Y _____ N _____
Degree: _____

Special Training, Skills, Languages Spoken, etc.

List professional, community, religious, and other organizations to which you and the secondary caregiver belong (*you may specify offices held, honors received, and other pertinent information*).

List organizations involving children or families for which you have worked or volunteered.

List other experiences you have had in working with children or families.

List any other experiences or background information that you feel should be considered in the evaluation of your qualifications for foster parents.



REFERENCES (Please list 3 references. At least one reference shall be from an extended family member not residing with you, and If you have either served previously as a foster parent for another agency, and/or been employed within the past five (5) years in a job involving the care of children, at least one reference must be from the former agency or employer)

Extended Family Member:

Full Name: _____ Relationship: _____
Address: _____ Phone: _____

Additional Reference:

Full Name: _____ Relationship: _____
Company: _____
Address: _____ Phone: _____

Additional Reference:

Full Name: _____ Relationship: _____
Company: _____
Address: _____ Phone: _____

Bridge Builders Family and Children Services Foster Care Program requires all adults over the age of 18 living in the household to have a physical information form with TB testing before approval of the foster parent application.

- Are you in good physical health and able to fulfill the responsibilities of a foster parent? Y N
- Are you able and willing to provide a doctor's statement to this fact and obtain necessary lab test? Y N
- Are you currently under the care of a mental health professional? Y N
- If yes, are you able and willing to provide a statement from the mental health professional from whom you are receiving care stating that you are mentally/emotionally able to fulfill the responsibilities of a foster parent? Y N

Bridge Builders Family and Children Services Foster Care Program requires foster parents to be financially stable. Foster parents do not receive a salary but do receive reimbursement for the expenses in caring for the child.

- Are you financially stable to care for an additional child in your home pending receiving financial reimbursement? Y N
- Have you or the secondary caregiver filed for bankruptcy during the past seven years? Y N
- If yes, please explain:



Have you ever been discharged or forced to resign from any position where you were working with children and families? Y N

If yes, please explain:

MILITARY SERVICE:

Have you or the secondary caregiver served in the military? Y N

Branch _____ Honorable Discharge Y N

Are either of you currently under military obligation? Y N

ARREST RECORD INFORMATION:

It is the policy of Bridge Builders Family and Children Services to submit a criminal background check to local law enforcement and submit fingerprints for every adult applying to work with foster children. All applicants and members of their households over the age of 18 must clear both FBI and GBI criminal background checks. This policy meets state certification standards and is necessary for the assurance of the safety and welfare of the children in our program.

Are you willing to submit to a background check and fingerprint check? Y N

Have you or the secondary caregiver ever been convicted of a crime? Y N

If yes, please explain:

Date _____ Location _____

Event _____

EMPLOYMENT HISTORY

Please list in chronological order, beginning with current or most recent employer. Please include your employment for the past 10 years.

Primary Applicant

Current Employer Name _____ Position _____

Address _____

Phone _____ Dates of Employment _____

Supervisor _____ May we contact? Y N

Job responsibilities _____

Reason for leaving _____

Employer Name _____ Position _____

Address _____

Phone _____ Dates of Employment _____

Supervisor _____ May we contact? Y N

Job responsibilities _____

Reason for leaving _____



Employer Name _____ Position _____
Address _____
Phone _____ Dates of Employment _____
Supervisor _____ May we contact? Y N
Job responsibilities _____
Reason for leaving _____

Employer Name _____ Position _____
Address _____
Phone _____ Dates of Employment _____
Supervisor _____ May we contact? Y N
Job responsibilities _____
Reason for leaving _____

Employer Name _____ Position _____
Address _____
Phone _____ Dates of Employment _____
Supervisor _____ May we contact? Y N
Job responsibilities _____
Reason for leaving _____

Employer Name _____ Position _____
Address _____
Phone _____ Dates of Employment _____
Supervisor _____ May we contact? Y N
Job responsibilities _____
Reason for leaving _____

Secondary Applicant

Current Employer Name _____ Position _____
Address _____
Phone _____ Dates of Employment _____
Supervisor _____ May we contact? Y N
Job responsibilities _____
Reason for leaving _____

Employer Name _____ Position _____
Address _____
Phone _____ Dates of Employment _____
Supervisor _____ May we contact? Y N
Job responsibilities _____



Reason for leaving _____

Employer Name _____ Position _____

Address _____

Phone _____ Dates of Employment _____

Supervisor _____ May we contact? Y N

Job responsibilities _____

Reason for leaving _____

Employer Name _____ Position _____

Address _____

Phone _____ Dates of Employment _____

Supervisor _____ May we contact? Y N

Job responsibilities _____

Reason for leaving _____

Employer Name _____ Position _____

Address _____

Phone _____ Dates of Employment _____

Supervisor _____ May we contact? Y N

Job responsibilities _____

Reason for leaving _____

Employer Name _____ Position _____

Address _____

Phone _____ Dates of Employment _____

Supervisor _____ May we contact? Y N

Job responsibilities _____

Reason for leaving _____